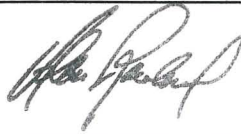


**County of San Bernardino  
Department of Behavioral Health**

## How to Report an Incident

**Effective Date** 9/18/06  
**Revision Date** 9/18/06



Allan Rawland, Director

**Purpose** To inform staff of the procedure to thoroughly and promptly report and investigate an incident.

**Legal Authority** Risk Management is responsible for determining County liability and attempting resolution of claims.

**Insurance Information** San Bernardino County is self-insured and self administered for both Workers' Compensation and liability claims. Coverage includes:

- Property damage to others
- Public and general liability
- Workers' Compensation
- Damage to or loss of County Property

**Definition** An incident is defined as an event that results in injury to County employees, volunteers, and/or members of the public; damage to County property or the property of others, or the loss of County property, money, or securities.

**Procedures** Follow the steps below to report all incidents:

Staff	Responsibilities
Employee	<ul style="list-style-type: none"><li>• Notify the immediate supervisor or designee of incident, even if medical attention is not needed.</li><li>• If injured and/or hospitalized, have someone notify the immediate supervisor or designee.</li></ul>
Supervisor and Employee	<p>Was employee in an auto accident?</p> <ul style="list-style-type: none"><li>• If yes, refer to <a href="#">Vehicle Accidents Reporting procedure</a></li><li>• If no, then both supervisor and employee complete the NCR Incident Report form (obtain from your Regional Secretary)</li><li>• If employee is injured, refer to <a href="#">Occupational Injury and Illness procedure</a></li></ul>

# County of San Bernardino

## Department of Behavioral Health

Staff	Responsibilities
Supervisor	<ul style="list-style-type: none"> <li>• If death to consumer, <b><u>IMMEDIATELY</u></b> refer to <a href="#"><u>Investigating &amp; Reporting Death of a Consumer procedure</u></a></li> <li>• If serious Injury to a consumer; or death or serious injury to employee or member of the general public, <b><u>IMMEDIATELY</u></b> contact the following: <ul style="list-style-type: none"> <li>o DBH Director</li> <li>o DBH Assistant Director</li> <li>o Appropriate Deputy Director</li> <li>o Appropriate Program Manager</li> <li>o Risk Management at (909) 386-8623</li> </ul> </li> </ul> <p><b>Notify the Communications Center at (909) 356-3811</b> after 5:00 p.m. weekdays, weekends or legal holidays, instead of Risk Management.</p> <ul style="list-style-type: none"> <li>• Complete the following forms: <ul style="list-style-type: none"> <li>o <a href="#"><u>Incident Report form</u></a></li> <li>o <a href="#"><u>Investigation of Workplace Incidents, Occupational Injury, Illnesses and Hazardous Exposure</u></a></li> <li>o Workers Compensation Packet (see <a href="#"><u>Risk Management Forms</u></a>)</li> <li>o <a href="#"><u>Unusual Occurrence/Incident Report</u></a> form (if applicable)</li> </ul> </li> <li>• Obtain the Director's signature on all forms</li> <li>• Submit all forms to Payroll within 24-hours</li> </ul>
Payroll	<p>Send copy of Incident Reports to:</p> <ul style="list-style-type: none"> <li>• Risk Management</li> <li>• Disaster/Safety Coordinator</li> </ul>
Safety Coordinator	<p>Disaster/Safety Coordinator will:</p> <ul style="list-style-type: none"> <li>• Review the incident reports quarterly with DBH Safety Committee</li> <li>• Make recommendations to management to reduce occurrence of incidents</li> <li>• Maintain data on all incidents for tracking and annual report.</li> </ul>